

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/019171**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		①				
5		1				
6		1				
7		1				
8		1				
9		3				
10		①				
11		1				
12		1				
13		①				
14		1				
15		1				
16		①				
17		①				
18		①				
19		1				
20		1				
21		1				
22		1				
23		1				
24		①				
25		①				
26		①				
27		①				
28		1				
29		1				
30		1				
31		1				
32		1				
33		5				
34		①				
35						
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

Best Available Co.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3331